

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

By

The Customer Services and Community Rights Team

January - June 2004



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GLOSSARY

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Services and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings

Customer Services Terminology

The following terms are used in this report:

“Case” refers to an individual issue brought to the attention of staff members. There are 4 types of cases:

1. “Complaints/concerns” are informal expressions of dissatisfaction.
2. “Information/referrals” are either direct requests for information or requests regarding an agency, group, person or service.
3. “Medicaid appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
4. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.

Other terms used in this report:

“Contacts” are the responses by CSCR team members to any call or communication.

“Issues” are the content categories of complaints/concerns or information/referrals.

Executive Summary and Discussion:

- The CSCR Team responded to 495 complaints/concerns, information/referrals, Medicaid appeals and investigation requests during this report period. (Page 7)
- The most common sources of complaints and concerns come from family members, consumers and guardians. (Page 6)
- The most prevalent number of cases involved mental health issues which were almost twice as common as developmental disabilities, which was twice the amount of the cases that involved substance abuse issues. (Page 7)
- Individuals from all geographic regions in North Carolina filed complaints/concerns and information/referral requests. The geographic distribution was evenly distributed. (Page 12)
- Access to services remained the most prevalent concern, almost twice the volume as the next highest category. (Page 8)
- The average number of responses from the CSCR Team to address a complaint/concern and information/referral case is between 6 and 7 follow-up activities while the average for Medicaid appeals is almost 6 follow-up activities. (Page 12)
- The CSCR Team received 88 requests to file Medicaid appeals during this report period. About one-third of the appeals involved CAP-MR/DD Waiver issues. (Page 16)
- Medicaid appeals came from recipients residing in 19 Area Programs/LMEs.
- Only 5 recipients out of 88 (6%) chose to by-pass the Area Program/LME local review process for a hearing at DMH/DD/SAS. (Page 16)
- Area Program/LME local review decisions divided evenly in favor of appellants, AP/LMEs or mutual compromises. (Page 20)
- Out of 88 appeals filed, 7 (7.9%) went to a DMH/DD/SAS hearing. (Page 22)
- All 7 DMH/DD/SA hearings involved CAP-MR/DD Waiver issues. (Page 23)
- All 7 DMH/DD/SA hearing decisions were in favor of the Area Program/LME. (Page 23)

- The Office of the Attorney General reports that 17 OAH hearings were filed during the report period from a variety of different sources. Fourteen (14) of these cases are closed to date. CAP-MR/DD issues represent about 60% of the OAH petitions. (Page 24)
- Two of the 17 appellants (12%) appealed a DMH/DD/SAS decision. These two appellants represent only 2% of the 88 total appeals filed to DMH/DD/SAS during the report period. (Page 23)
- Customer satisfaction responses indicate satisfaction or high satisfaction with courtesy, the quality of information provided, consistency in returning calls and overall satisfaction with the outcome of the issue. The team will work on ensuring that callers can more easily get through to our office. (Page 26)
- Area Programs/LMEs continue to demonstrate great responsiveness to the CSCR Team in a timely manner and make every effort to resolve the issues. When called, the LME Customer Services staff members are accessible and responsive. (Page 26)
- There is a great need for public information. Many people calling the CSCR Team are unaware of the local Customer Services function at the Area Programs/LMEs, but seem to be very appreciative when they find out the person is available to assist them. People in the community need a better understanding of how to exercise their rights and work with the LME Customer Services Coordinators. To strengthen this function, CSCR team is working with LME staff to develop a training curriculum for the local Customer Services Offices. (Page 9)
- The CSCR Team continues to receive general calls related to the State Reform and the transformation of the service system. (Page 8)
- The CSCR team also provides information and referral on a number of issues beyond the normal scope of MH/DD/SAS and/or consumer rights. These general inquiries include locating family members who are consumers, obtaining information for research, assisting persons with medication issues, researching ethical issues for certain services, providing supervision staff requirements for services, billing of individuals for the cost of involuntarily commitment transportation to psychiatric facilities, locating archived records, assisting with out-of-state transfers, obtaining breathalyzer equipment, discussing the impact of reform, obtaining information about the incarceration process and locating governmental offices and employee assistance programs. (Page 9)
- The team is receiving a great increase in letter and email inquiries through the Division of MH/DD/SAS web-site, the Division of Social Services web-site as well as the Department of Health and Human Services (DHHS) Care-Line. The working relationship with CARE-LINE is especially important to reinforce the DHHS commitment to customer service. (Page 10)

Introduction

The following report is a statistical summary describing the work of the Customer Services and Community Rights Team (CSCR), Advocacy and Customer Services Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the third and fourth quarters of the 2003/2004 fiscal year which includes the months of January, February, March, April, May and June 2004.¹

The Customer Services and Community Rights Team

The team consists of a team leader, a support staff person, and five professional staff. Two professionals are designated rights specialists and three professionals are ombudsmen. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and consumer appeals in law,²
- To monitor the community customer services system.

There are three main parts to this report. Part I of the report will look at Information/Referrals data, Complaint/Concern data and Investigations. Part II will review Medicaid Appeals information. Medicaid appeals are formal due process filings according to Federal Law 42 CFR 431 Sub-Part E. Part III is a customer satisfaction survey discussion.

The team receives calls, letters, and emails each day from a variety of direct and indirect sources. Direct sources include the following: consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SA website, Department of Health and Human Services (DHHS) Citizen Services Care-Line, other DMH/DD/SAS sections and Area Program/LME (AP/LME) staff. The team members typically respond by 1) quickly providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person, usually the AP/LME or 3) researching the answer and providing further direct assistance. Members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports.

¹ Please contact Glenda Stokes (Glenda.Stokes@ncmail.net) or Stuart Berde (Stuart.berde@ncmail.net). The Advocacy Section, Chris Phillips, Section Chief, may be reached at (919) 715-3197. Future reports will be published quarterly.

² Medicaid recipients file appeals according to Federal Law (42CFR 431. Sub-Part E). Each CSCR team member responds to all calls the same or next possible business day.

Part I: Customer Services for Complaints/Concerns, Information/Referral, and Investigations

Table 1 – Total Cases Addressed Between January and June 2004

Case Type	Number of Cases	% of Total
Complaints/Concerns	192	39%
Information/Referral	184	37%
Medicaid Appeals	88	18%
Investigations/Allegations	31	6%
Total	495	100%

Table 1 lists the total number of cases and the types of cases that team members addressed from January to June 2004. Customers make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to their complexity or the nature of the issue, the **"Total"** represents the unduplicated count of cases for the six-month period. The volume of complaints/concerns and information/referrals is closely split with 39% being complaints/concerns and 37% being information and referrals contacts. Team members also addressed 88 (18%) Medicaid appeals and 31 (6%) rights investigations/allegations between January to June 2004.

Table 2- Issues Tracked in Complaint/Concern and Information/Referral Cases

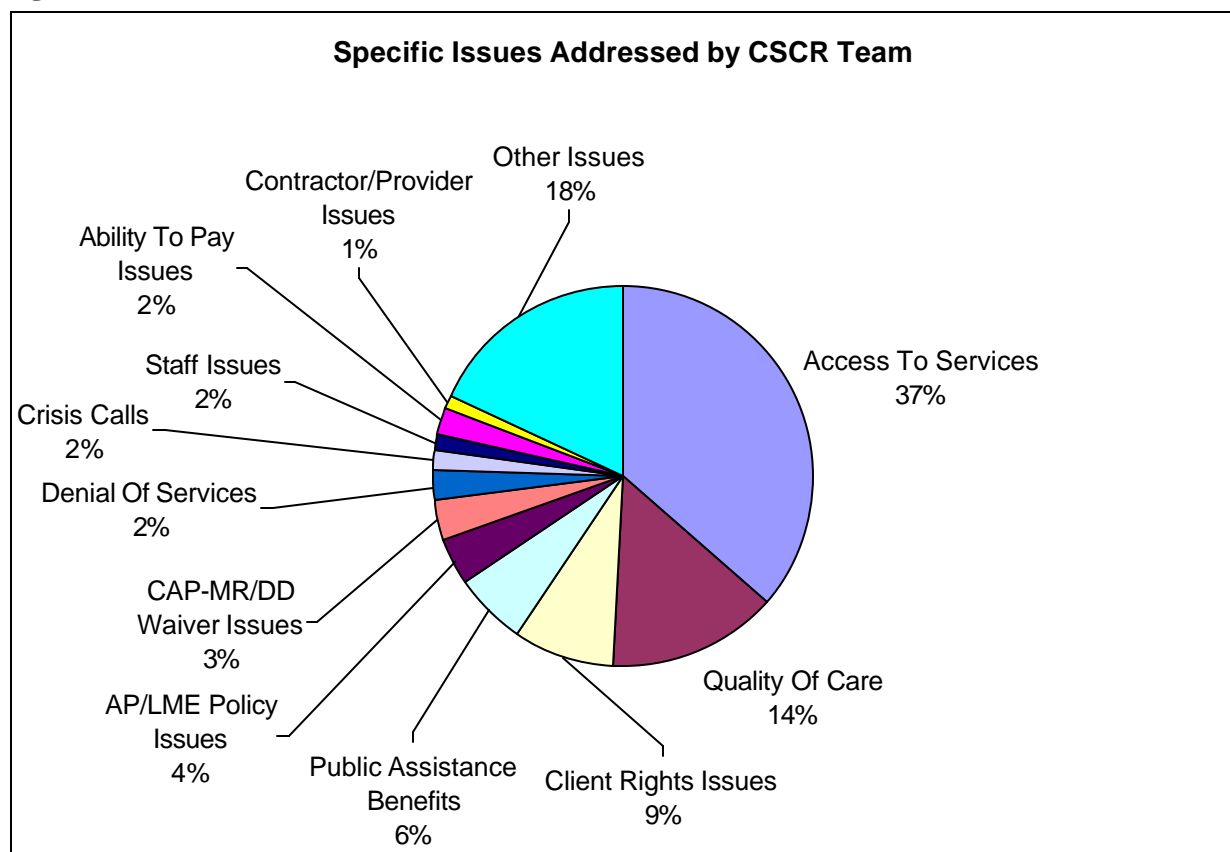
Issue	Definition
Abuse and Neglect	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies.</i>
Access	<i>Request for services</i>
Ability to Pay	<i>Concern over consumer's financial obligation</i>
Area Program/LME Policy	<i>Dispute over Area Program/LME administrative or service policy</i>
Benefits	<i>Disability benefits question (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Call	<i>Calls that indicate urgent crisis</i>
Denial	<i>Concern over a denial of a non-Medicaid service</i>
Medicaid Waiver (CAP-MR/DD)	<i>Regarding Waiver program policy or procedure</i>
Provider	<i>Provider performance or policy</i>
Rights	<i>Alleged violation of rights</i>
Service Quality	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Staff	<i>Directed to Area Program/LME, Provider or State facility staff</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

The information/referral and complaint/concern calls encompass a wide variety of issues. Table 2 describes the issue categories most commonly addressed.

Table 3 and Figure 1- Overall Total of Issues Addressed in Complaints/Concerns and Information/Referrals between January to June 2004

Issue	Total	% of Total
Access To Services	137	37%
Quality Of Care	54	14%
Client Rights Issues	32	9%
Public Assistance Benefits	23	6%
AP/LME Policy Issues	16	4%
CAP-MR/DD Waiver Issues	13	3%
Denial Of Services	9	2%
Crisis Calls	6	2%
Staff Issues	6	2%
Ability To Pay Issues	8	2%
Contractor/Provider Issues	4	1%
Other Issues	68	18%
Total	376	100%

Figure 1



Issues Addressed: Table 3 and Figure 1 list the distribution of issues noted in complaints/concerns and information/referrals. Contacts were made concerning a wide range of issues. By far the highest number 137 (37%) of issues fall under the category of “access” to services, which

means a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local Area Program/LME customer services coordinator. The local customer services coordinator will provide case updates and resolution information to the CSCR team.

The next highest category is 68 (18%) contacts in the “other” category. Examples include requests for contact names and phone numbers for DMH/DD/SAS staff and other agencies, web address or link to the DMH/DD/SAS website, information for student papers, etc. Future reports will delineate more specific issues in the other and unspecified category.

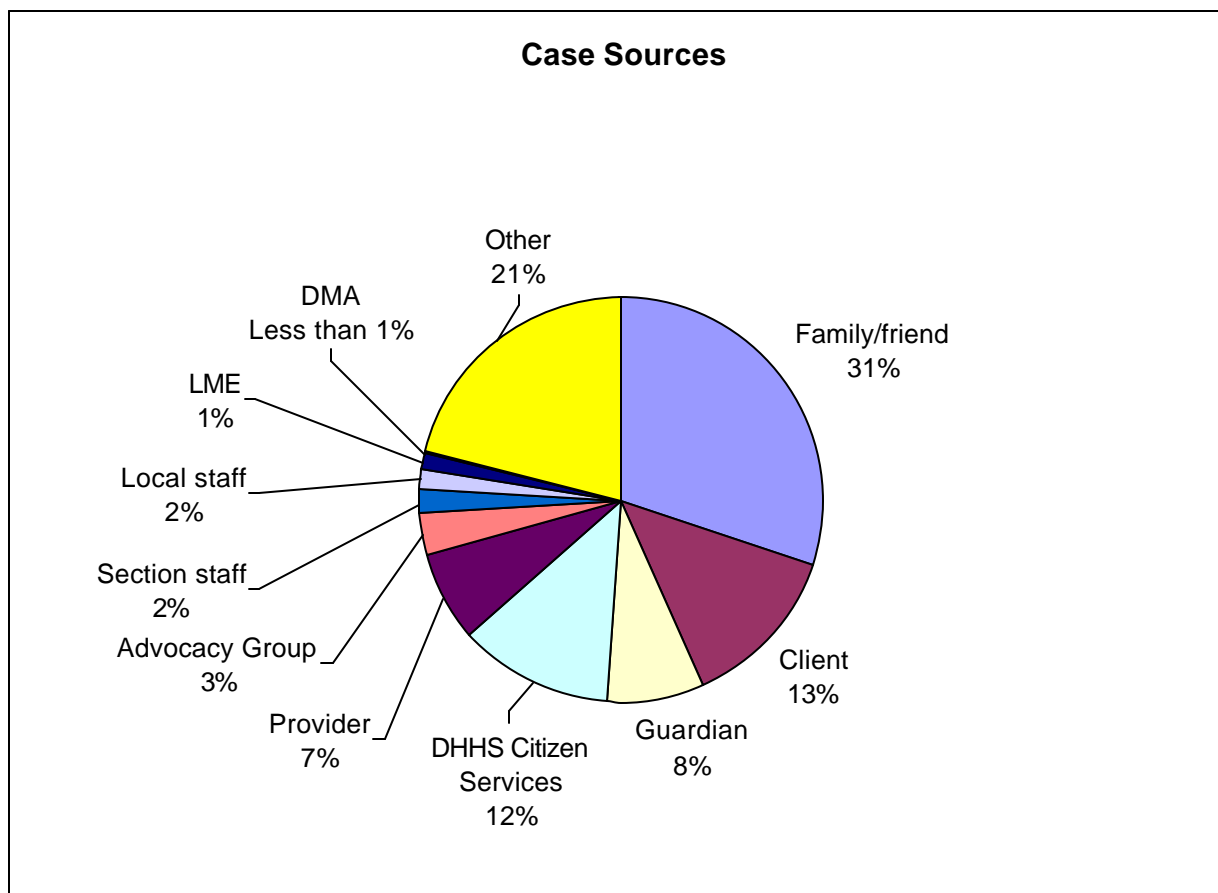
Fifty-four contacts (14%) were regarding the quality of services provided to consumers. Thirty-two contacts (9%) were made about client rights issues in the North Carolina Statutes or Federal Medicaid law. Twenty-three contacts (6%) were made regarding public assistance benefits and sixteen contacts (4%) were made concerning LME/Area Program policy. Thirteen (3%) were made regarding CAP-MR/DD services and nine contacts (2%) concerned Medicaid appeals.³ Eight contacts (2%) were regarding Ability to Pay and six contacts each or a total of 12 contacts (2% each) were received for both crisis calls and staff issues. Finally, contractor/provider issues represented 4 contacts (1%).

Table 4 - Case Sources From January to June 2004

Source Type	Number of Cases	% Of Total
Family/friend	114	31%
Client	49	13%
Guardian	29	8%
DHHS Citizen Services	46	12%
Provider	27	7%
Advocacy Group	13	3%
Section staff	7	2%
Local staff	6	2%
LME	5	1%
DMA	1	Less than 1%
Other	79	21%
Total	376	100%

³ Medicaid recipient appeal analysis is included in Part II of this report.

Figure 2- Case Sources From January to June 2003



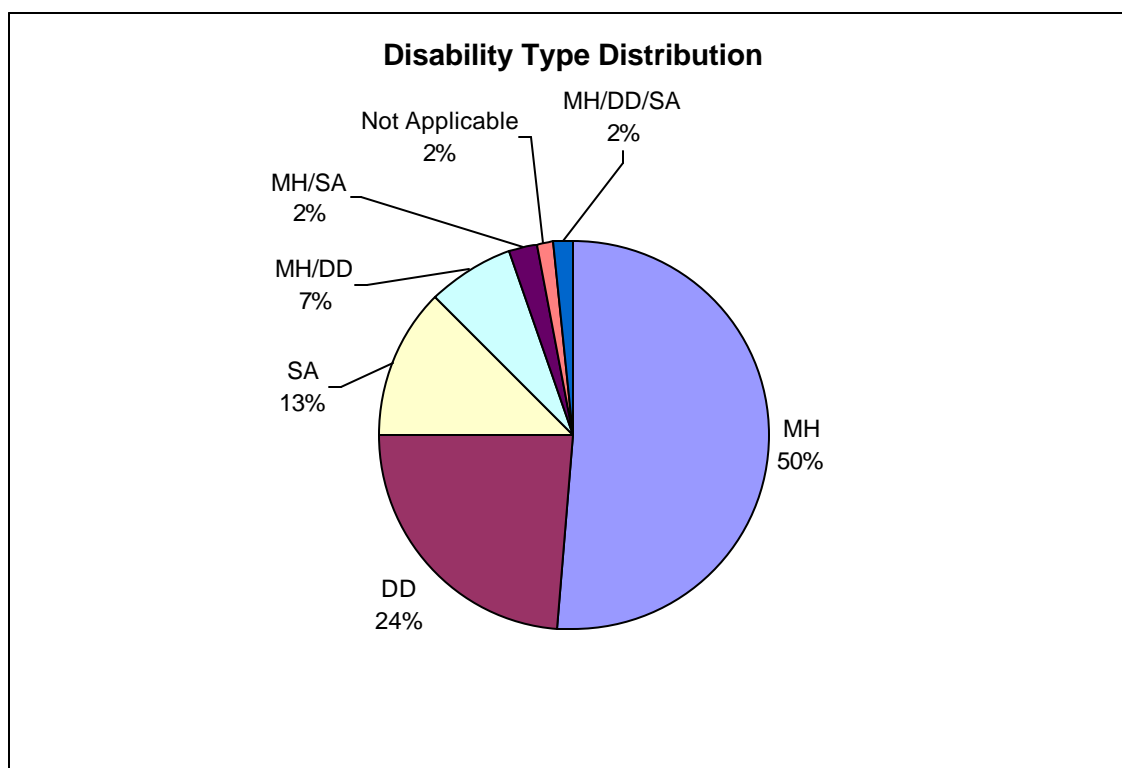
Case Sources: The Customer Services and Community Rights Team members received complaints/concerns and information/referral requests from 13 different sources which are listed in Table 4 and Figure 2. The sources in the table include the North Carolina Department of Health and Human Service Office of Citizen Services (CARE-LINE) which is staffed from 8:00 a.m. to 5:00 p.m. The CARE-LINE is a toll-free 1-800 number for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Government officials most often forward their local correspondence regarding DMH/DD/SAS services to the staff at Office of Citizen Services who forward the issue to the CSCR team.

Consumers, their families and friends or their guardians accounted for 179 (50 %) of the 376 Complaints/concerns or information/referral cases. Consumers initiated 49 (13%), family/friends initiated 114 or 31%, and guardians initiated 29 or 8% of the total complaints or inquiries/referrals. There were 79 (21%) of the case sources called “other” representing non-specified categories that were not in our protocol. The North Carolina DHHS Office of Citizen Services initiated 46 cases (12%) while providers initiated 27 (7 %) cases to the CSCR Team. The remaining sources represent a small percentage: 13 from advocacy groups: 7 from DMH/DD/SAS staff, 3 from legislative offices, 5 from the Area Programs/ LMEs and 1 from Division of Medical Assistance (DMA).

Table 5 - Disability Group Distribution of Cases for January to June 2004

Disability	Total	% of Total
MH	193	50%
DD	89	24%
SA	47	13%
MH/DD	27	7%
MH/SA	8	2%
Not Applicable	6	2%
MH/DD/SA	6	2%
Total	376	100%

Figure 3- Disability Group Distribution of Cases for January to June 2004



Disability Type Representation: Table 5 and Figure 3 show disability groups that were represented in the 376 issues. For each case, the CSCR team records the disability area addressed by the referral source.

Mental health consumers' services represent 193 (50%) of the total. The next most prevalent disability group is developmental disabilities which was 89 (24%) cases. Forty-seven cases were related to substance abuse issues and 27 (7%) of the cases were related to MH/DD. Six inquiries (2%) were not applicable to a disability group. These cases that do not fit a disability category are called general. There were a small number of issues from MH/SA and MH/DD/SAS which accounted for 14 inquiries (4%) from this combined group.

**Table 6- Complaints/Concerns and Information/Referrals
Associated with Area Programs/LMEs**

Area Program/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	3	1	4	1%
Albemarle	1	4	5	1%
Catawba	5	3	8	2%
CenterPoint	2	3	5	1%
Crossroads	0	4	4	1%
Cumberland	9	2	11	3%
Durham	1	2	3	1%
Eastpointe	7	4	11	3%
Edgecombe/Nash-Riverstone-Wilson/Greene	3	4	7	2%
Foothills	1	2	3	1%
Guilford	7	9	16	4%
Johnston	2	1	3	1%
Lee-Harnett	4	3	7	2%
Mecklenburg	12	8	20	5%
Neuse	0	4	4	1%
New River	2	2	4	1%
Onslow	2	3	5	1%
Orange-Person-Chatham	1	4	5	2%
Out of State	1	3	4	1%
Pathways	6	3	9	3%
Piedmont-Davidson	12	7	19	5%
Pitt	2	4	6	2%
Sandhills-Randolph	4	5	9	2%
Smoky Mountain	8	5	13	3%
Southeastern Center	3	4	7	2%
Southeastern Regional	5	5	10	3%
Tideland	3	2	5	1%
VGFW	2	2	4	1%
Wake	15	22	37	9%
Western Highlands	15	7	22	6%
Unspecified	54	52	106	28%
Total	192	184	376	100%
Total Minus Unspecified	138	132	270	
Mean (Average)	6.19	5.94	12.13	3%
Median (Middle Score)	3	4	7	2%
Mode (Most Common)	6	4	14	

The Team tracks the Area Program/LME where communications originated. In many cases, callers do not specify their locality or the locality is not relevant. **An important caveat: The data in Table 6 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. It is very important to note that these data do not indicate complaints against Area Programs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, Area Programs/LMEs with a high volume are not viewed negatively. In fact, a high volume may indicate that**

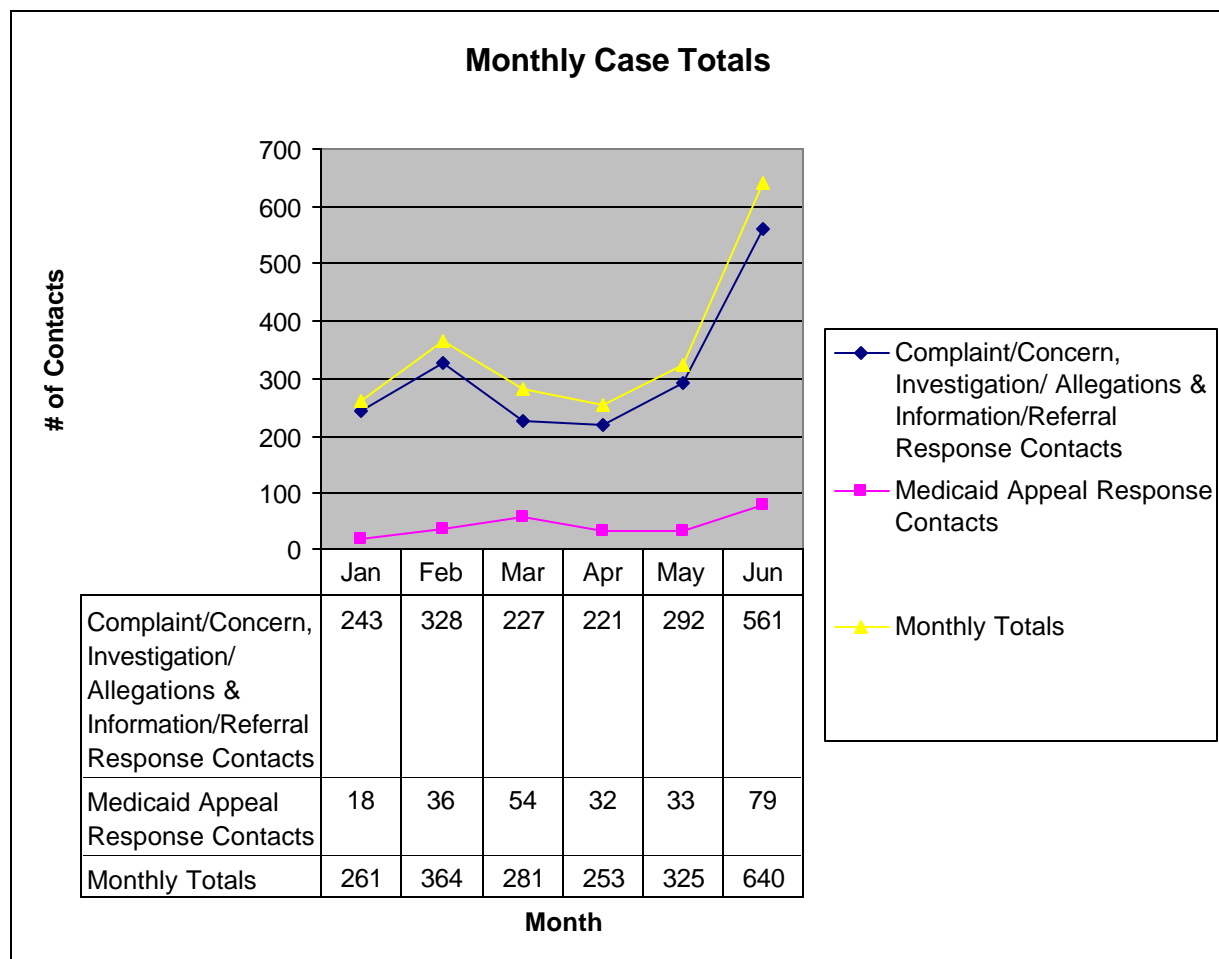
consumers are aware of the complaint process and that the Area Program/LME provides a complaint system to help consumers address their concerns. Finally, the table lists Area Program/LME mergers that were being planned during the report period.

A total of 192 complaints/concerns and 184 information/referral contact cases were addressed between January and June 2004. The mean (average) number of complaints/ concerns per AP/LME is 6.19 and the mean number of information/referral contacts per AP/LME was 5.94. The mean (average) percent of total contact cases per AP/LME was 3%.

Table 7 and Figure 4- Number of Contacts in Response to Complaints/Concerns, Investigations/Allegations and Information/Referrals

Types of Cases	Jan	Feb	Mar	Apr	May	Jun	Totals by Type
Complaint/Concern, Investigations/ Allegations and Information/Referral Response Contacts	243	328	227	221	292	561	1872
Medicaid Appeal Response Contacts	18	36	54	32	33	79	252
Monthly Totals	261	364	281	253	325	640	2124

Figure 4



Response by CSCR Team: Table 7 and Figure 4 list the staff responses to the complaints/concern, investigations/allegations and information/referrals from January to June 2004. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or identify a contact person for the individual. A total of 2124 identified responses were made by staff regarding 495 cases from January to June 2004.

The CSCR team members try to redirect complaints either to the Area Program/LME Customer Services staff or to another Area Authority staff person, such as a case manager.⁴ After receiving a call, a CSCR team member contacts the Area Program/LME Customer Services staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

Table 8- Average Total of Monthly Responses Per Complaints/Concerns, Investigations/Allegations, Information/Referral and Medicaid Appeals for January to June 2004

Types of Cases	Contact Responses	Number of Cases	Average Monthly Responses per Case
Complaint/Concern, Investigations/Allegations and Information/Referral Responses	1872	407	5
Medicaid Appeal Responses	252	88	3
Total	2124	495	4.3

Since several responses were required for each of the 407 complaints/concerns, investigations/allegations and information/ referrals responses, there were 2124 identified responses for the contact cases. There were 252 total identified responses for the 88 Medicaid appeals. The average monthly number of responses per case was 5 and the average monthly response per appeal case was 3. The average monthly response for complaints/concerns, investigations/allegations, information/referrals and Medicaid Appeals is 4.3.

CLIENT RIGHTS INVESTIGATIONS

The CSCR team receives complaints/allegations that require investigation. The lead investigator from the CSCR Rights Team and the lead investigator from the Accountability Team, also in DMH/DD/SAS, collaborate to determine if the investigation will be assigned to the Area Program/LME for investigation or investigated at the state level. If a state level investigation is indicated, CSCR or Accountability will assume the lead for the investigation. DHHS Divisions and additional DMH/DD/SAS teams will be involved as warranted by the specific nature of the investigation. An investigation case remains pending until final reports are completed by the responsible parties.

Each investigation case is very involved and requires a large amount of time to conduct detailed research, collect data/evidence, assess information and write reports. All DMH/DD/SAS

⁴ Area Program/LMEs designate a Customer Service staff person to assist complainants at the local level. The names of these individuals can be found in the North Carolina Council of Community Programs Directory.

investigations are logged into the CSCR database along with the total contact responses per case initiated by CSCR investigators. Other team members have a substantial number of contacts per case that are not recorded in this database. Investigation contact information is not included in this report. However, we do report on the status of investigations.

Table 9- Client Rights Investigation Status

Investigations	Number of Cases	% of Total
Pending	21	66%
Complete/Closed	11	34%
Total	31	100%

Figure 5 Client Rights Investigation Status

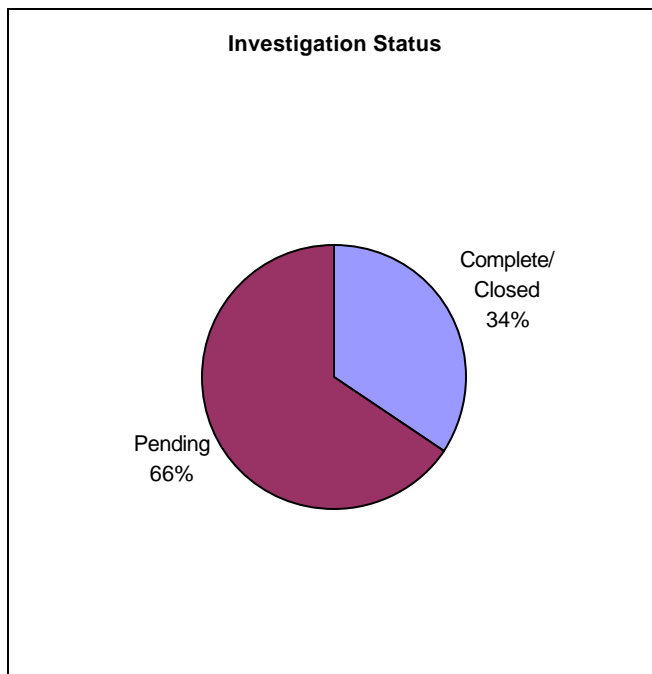


Table 9 and Figure 5 show that 31 investigations were opened during the report period. Eleven investigations were closed and 21 are pending.

Part II: Medicaid Appeal Information for January to June 2004

There are three appeal levels available to recipients who are appealing decisions regarding DMH/DD/SA Medicaid services: the local Area Program/LME, the DMH/DD/SAS Hearing and the State Office of Administrative Hearings (OAH). Appellants are given the option to: 1) begin an appeal at the local Area Program/LME level, 2) request a direct DMH/DD/SA hearing or 3) appeal directly or at anytime to (OAH). The vast majority of appellants choose to participate in local reviews convened at the Area Program/LME. When selected and settled, local reviews hasten resolution of the appeal process. The CSCR team members and LME staff worked closely with consumers to facilitate local resolutions for appeals in order to obtain speedy decisions. A total of 252 identified responses were made for the 88 appeals and the average monthly response per appeal case was 3. During this report period, only 5 of 88 (6%) appellants chose to by-pass the local LME review process and request direct State DMH/DD/SAS hearings.

Table 10 Total Appeals Received by DMH/DD/SA From January to June 2004

Appeal Type	Total	Percentage
MH/DD/SAS (Regular Medicaid)	61	69%
CAP-MR/DD	27	31%
Total	88	100%

Figure 6 Total Appeals Received by DMH/DD/SA From January to June 2004

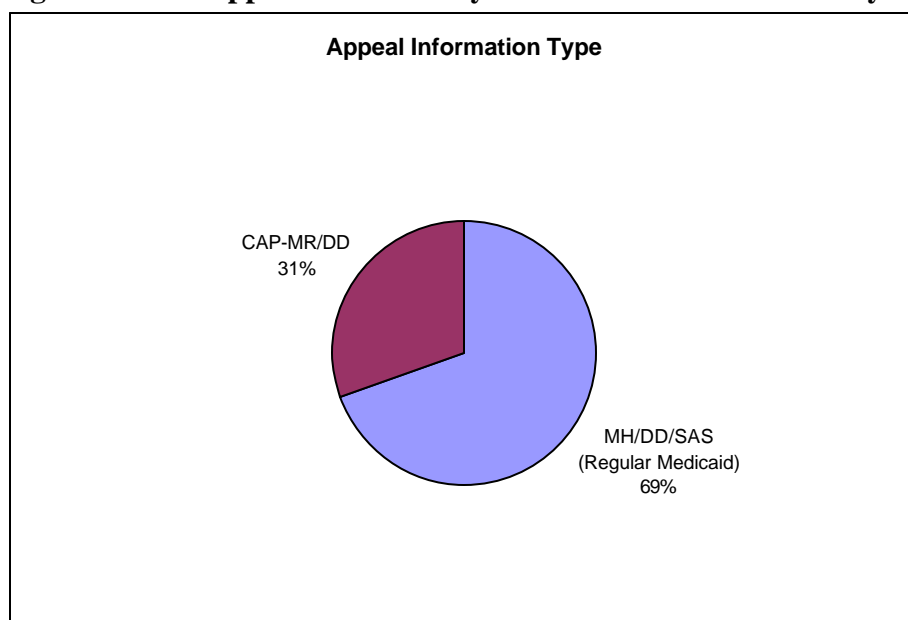


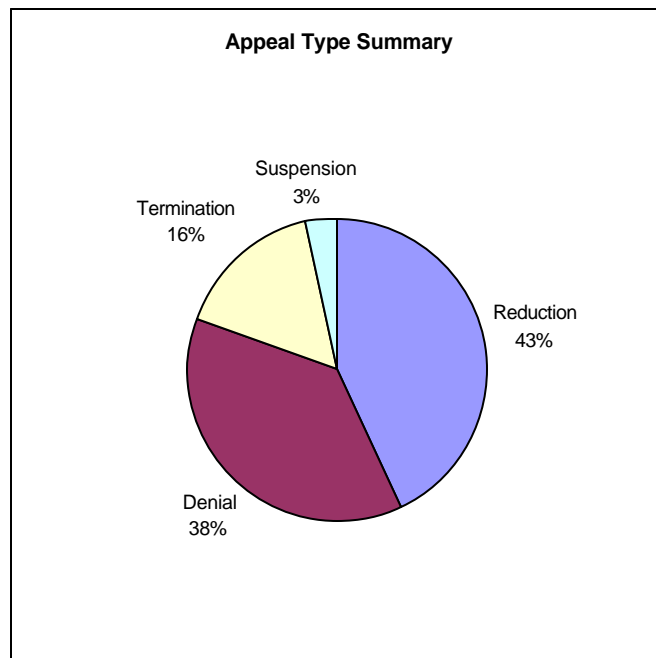
Table 10 and Figure 6 show the total number of appeals that the CSCR Team addressed from January to June 2004. The table refers to both recipients on the CAP-MR/DD waiver and regular MH/DD/SAS recipients who receive Medicaid services but are not on the waiver. The CSCR team members addressed 88 Medicaid appeals during this period. Appeals are filed to the Customer Services and Community Rights Team in order to provide consumers with direct information about the appeal process. CAP-MR/DD Waiver recipients account for 27 out of 88

(31%) of the active appeal cases during these six months, while appeals involving Medicaid recipients of MH/DD/SAS services account for 61 (69%) of the total.

Table 11 – Types of All Medicaid Appeals

Appeal Type	Total	% of Total
Reduction	38	43%
Denial	33	38%
Termination	14	16%
Suspension	3	3%
Total	88	100%

Figure 7- Types of All Medicaid Appeals



Types of Medicaid Appeals: Area Programs/LMEs make authorization decisions about Medicaid services based on medical necessity. Medicaid recipients have the right to appeal the following decisions: *reductions of service, suspension of service, terminations of service, and denials of requests for a different service or an increased volume of a current service.* Area Programs/LMEs notify recipients in writing of their right to appeal authorization decisions and provide recipients with appeal forms (42 CFR 431. Sub-Part E).

Table 11 and Figure 7 show the types of Medicaid appeals that were filed during this reporting period. These data indicate that the majority of the appeals are for *reduction of services*. (For example, appealing the reduction from Level III residential to Level II). There were 38 (43%) appeals for reduction of services. The next highest type of appeal is for *denials of requested services*. (For example, a denial of a type of allowable equipment in CAP-MR/DD or a denial of a request to step up from Level II to Level III residential service). Thirty-three (38%) appeals were received for denials of requested services. *Termination of services* is the third highest type

of appeal. (For example, appealing a decision to end individual outpatient therapy). Fourteen appeals (16%) were received for termination of services. Finally, three appeals (3%) involved *suspension of services*. (For example, appealing suspension from a clubhouse program).

Table 12- Area Program/LME Distribution of Medicaid Appeals For January to June 2004

Area Program/LME	Total	% of Total
Southeastern Regional	26	30%
Guilford	16	18%
Eastpointe (Duplin/Sampson-Lenoir-Wayne)	10	11%
Southeastern	6	7%
Piedmont-Davidson	5	6%
Catawba	3	3%
Mecklenburg	3	3%
Western Highlands (Blue Ridge - Rutherford-Polk - Trend)	3	3%
Crossroads	2	2%
Edgecombe/Nash-Riverstone-Wilson/Greene	2	2%
Orange-Person-Chatham	2	2%
Pathways	2	2%
Alcohol and Drug Services (private Methadone provider)	2	2%
CenterPoint	1	1%
Cumberland	1	1%
Foothills	1	1%
Onslow	1	1%
Sandhills-Randolph	1	1%
Wake	1	1%
Total	88	100%

Area Program/LME: Table 12 shows the Area Program/ LME associated with the 88 Medicaid appeals. Medicaid appeals were received from recipients residing in 20 different Area Program/LME. The table reflects mergers contemplated during the report period. **In no way should a high Area Program/LME appeal percentage be attributed to more severe clinical decisions by the Area Program/LME. In actual fact, a high appeal volume most likely indicates that the LME is providing recipients with a thorough education on the due process system.** Two Area Program/LMEs accounted for almost half (48%) of the appeals. (One of these accounted for 30% of the total, and the other for the remaining 18%). Three had between 5 to 7 appeals, which ranged from 6-8% of the total appeals. Three had 3 appeals (3% each), and five reported 2 appeals each, which accounted for 2% each of the total (10%). The remaining 8 Area Program/LMEs accounted evenly for 1% each of the total (8%). Two appeals were also submitted regarding services from the Alcohol and Drug Services (ADS), a contract provider of methadone services.

Table 13 - Sources of Medicaid Appeals for January to June 2004

Filed By	Total	% of Total
Family/Guardian	70	80%
Self	17	19%
Division of Social Services	1	1%
Total	88	100%

Figure 8- Sources of Medicaid Appeals for January to June 2004

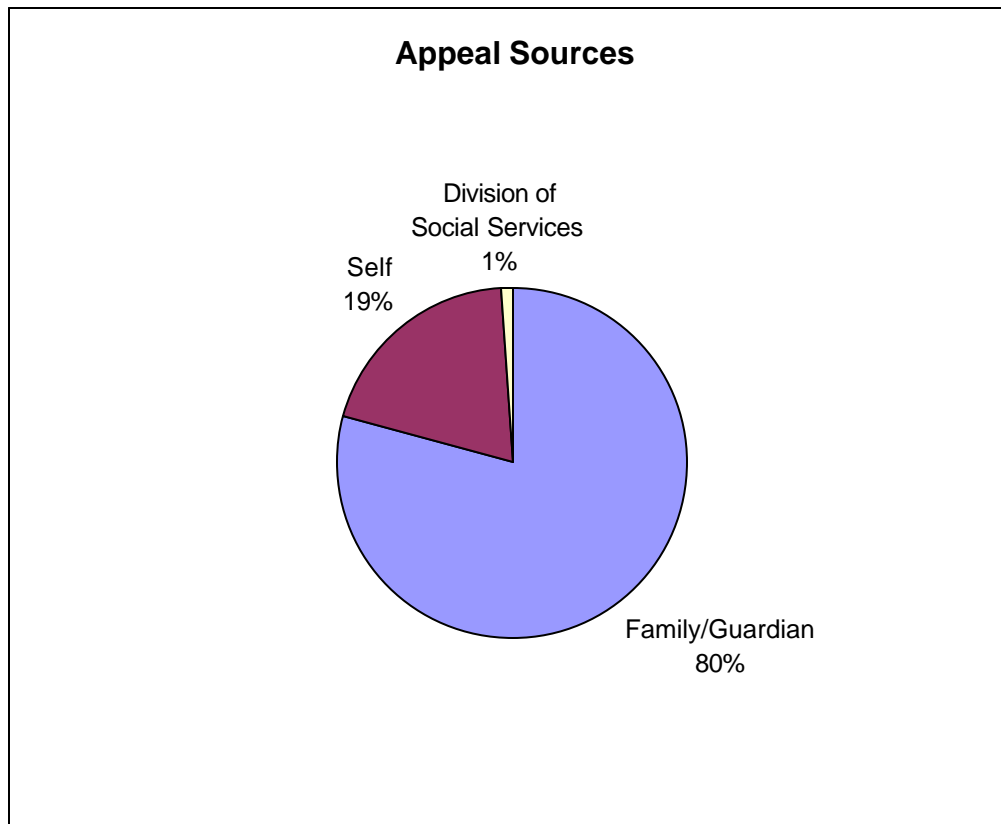
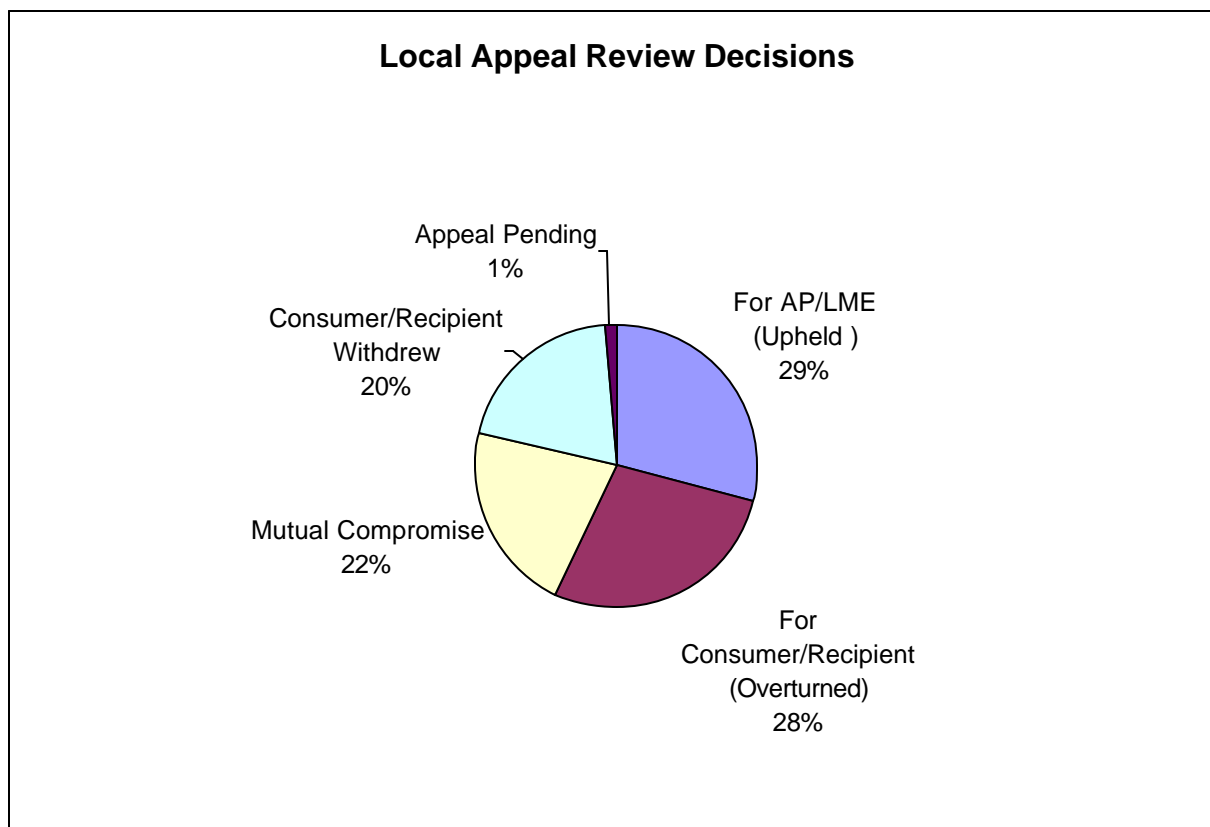


Table 13 and Figure 8 show the specific sources of the appeals. Only a Medicaid recipient or his/her legal guardian has the legal right to file Medicaid appeals according to Federal law (42 CFR 431. Sub-Part E). Note that 70 out of 88 appeals (80%) are initiated by a Guardian other than the Division of Social Services. Appeals from recipients over the age of 18 account for 19% (17) of the total appeals, and only 1% (1) of the appeals was filed by the Division of Social Services.

Table 14- All Area Program/LME Local Review Decisions (January and June 2004)

Area Program/LME Decision	Total	% of Totals
For AP/LME (Upheld)	23	28%
For Consumer/Recipient (Overturned)	22	27%
Mutual Compromise	17	24%
Consumer/Recipient Withdrew	16	20%
Appeal Pending	1	1%
Total	79	100%

Figure 9- All Area Program/LME Local Review Decisions (January and June 2004)

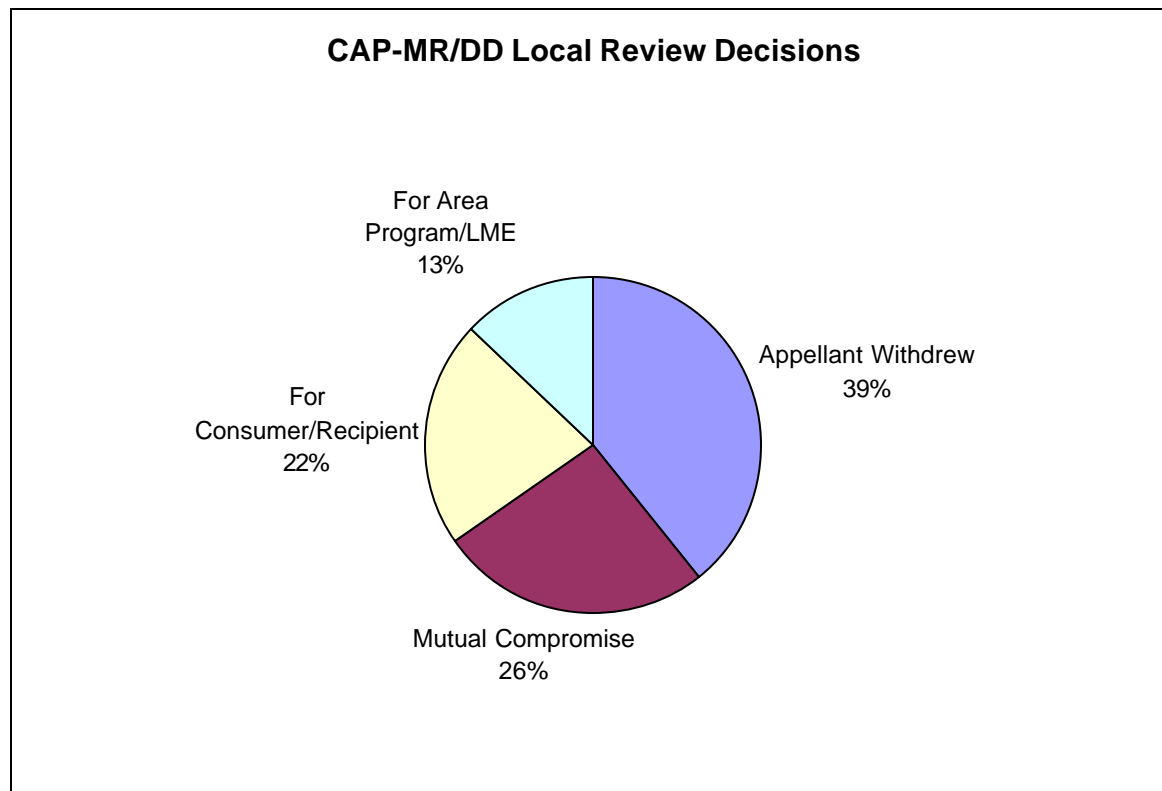


Area Program/LME Local Review Decisions: Table 14 and Figure 9 show the local AP/LME review decisions for all appeals from January to June 2004. Of the 88 appeals filed, local decisions were rendered for 79 appeals. (Five of the 88 appellants by-passed the local review for a DMH/DD/SA hearing and 4 appeals did not meet legal standard). The AP/LME local reviews upheld the original decision in 26% of the reported total appeals. Local reviews overturned the original decision and ruled in favor of the consumer/appellant in 27% of the reported total. The AP/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in 24% of the reported total. Seventeen (19%) of the appellants withdrew their appeal prior to a local review, and there is currently only 1(1 %) appeal that was pending during the report period.

Table 15 –CAP-MR/DD Local AP/LME Review Decisions (January and June 2004)

Area Program/LME Decision on CAP-MR Appeals	Total	% of Total
Appellant Withdrew	9	39%
Mutual Compromise	6	26%
For Consumer/Recipient	5	22%
For Area Program/LME	3	13%
Total	23	100%

Figure 10- CAP-MR/DD Local AP/LME Review Decisions (January and June 2004)



CAP/MR-DD Local Decisions: Table 15 and Figure 10 show the sub-set of appeals filed by CAP-MR/DD Waiver recipients. Nine (39%) of the 23 CAP-MR/DD appeals were withdrawn. The Area Program/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in 6 cases (26%) of the reported total. The AP/LME local reviews were in favor of the consumer/appellant in 5 cases (22%) of the reported total. The AP/LME local reviews upheld the original decision in 3 cases (13%) of the reported total. (Three of the 27 CAP/MR Waiver appellants requested a direct DMH/DD/SA hearing and 1 CAP-MR/DD Waiver appeal did not meet legal standard).

DMH/DD/SAS Scheduled Medicaid Appeal Hearings

Table 16 - All DMH/DD/SAS Scheduled Hearings

DMH/DD/SAS Hearing	Total	% of Total
Hearing Pending	9	47%
For Area Program/LME (Upheld)	7	37%
Consumer/Recipient Withdrew	3	16%
For Consumer/Recipient	0	0%
Total	19	100%

Figure 11- DMH/DD/SAS Scheduled Hearings (January and June 2004)

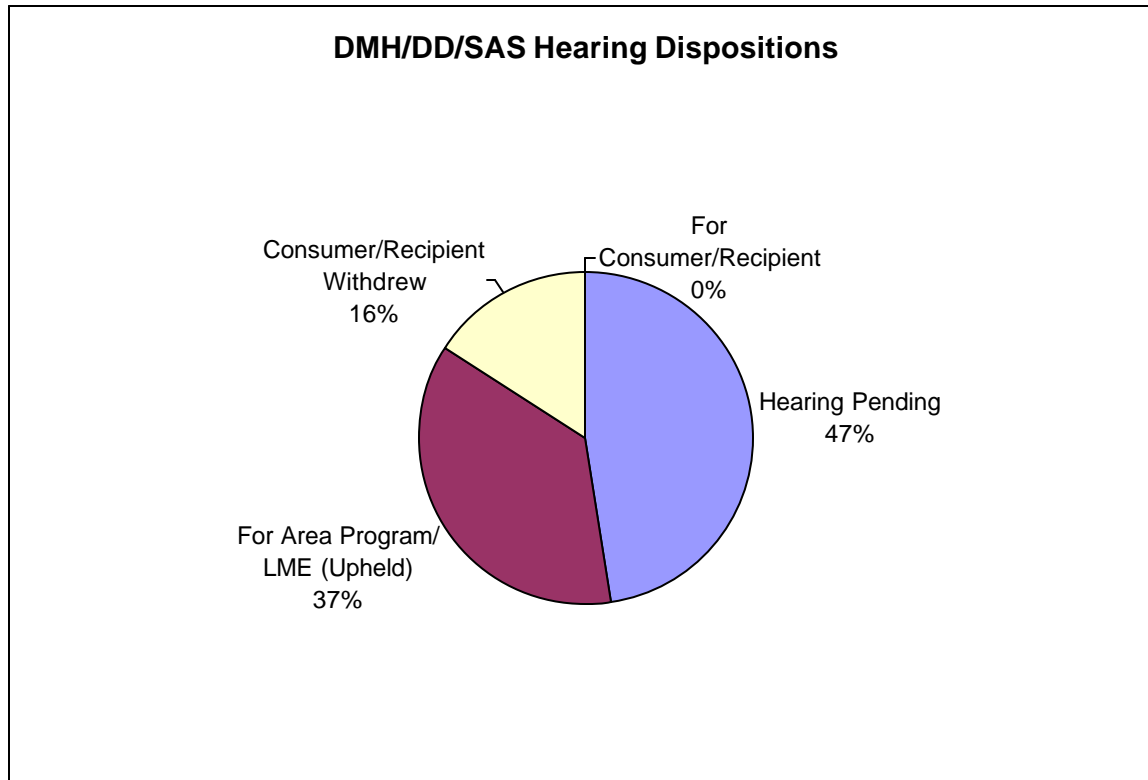
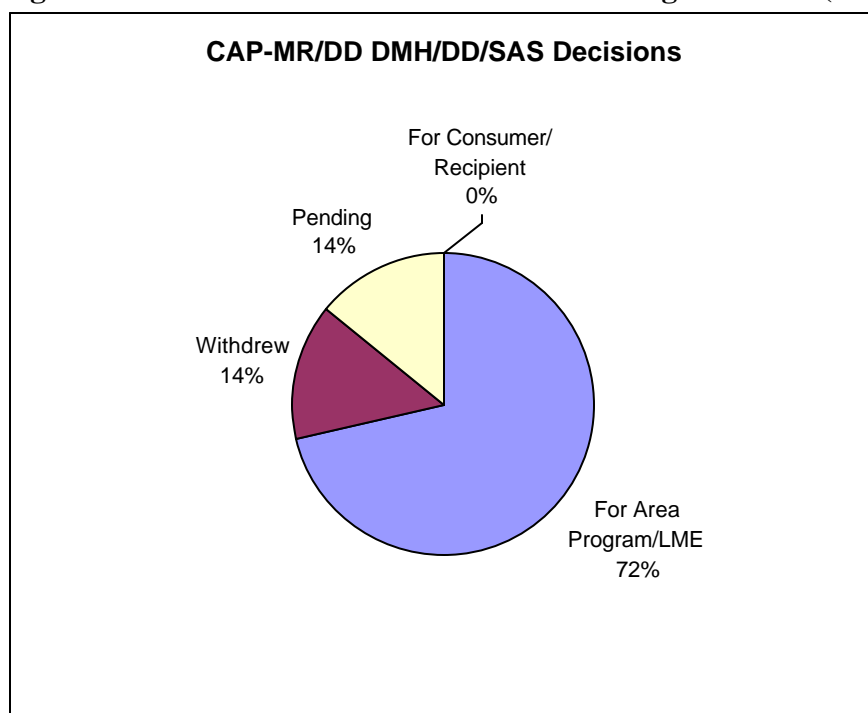


Table 16 and Figure 11 show information for the 19 appeals scheduled by the Division Affairs Team for a DMH/DD/SAS hearing during this period. The DMH/DD/SA hearing officers upheld the Area Program/LME's local review decision in all 7 hearings convened. Three of the hearings were withdrawn following the request of State appeal after the date for the State appeal had been set. The remaining nine appeals are pending.

Table 17 – CAP-MR/DD DMH/DD/SAS Hearing Decisions (January and June 2004)

Area Program/LME Decision on CAP-MR/ DD Appeals	Total	% of Total
For Area Program/LME	5	72%
Withdrew	1	14%
Pending	1	14%
For Consumer/Recipient	0	0%
Total	7	100%

Figure 12– CAP-MR/ DD DMH/DD/SAS Hearing Decisions (January and June 2004)



CAP/MR-DD DMH/DD/SAS Decisions: Table 17 and Figure 12 show the sub-set of appeals by CAP-MR/DD Waiver recipients. All 7 hearings convened during this period involved CAP-MR/DD appeals. The DMH/DD/SAS hearing decisions upheld AP/LME decisions in 5 (72%) of the reported total. One (14%) of the CAP/MR-DD appeal was withdrawn, and one (14%) is pending.

Medicaid Appeals Filed to the Office of Administrative Hearings (OAH)

Appeals Filed: Medicaid recipients have the legal right to appeal directly to OAH and by-pass the DMH/DD/SAS appeal system or at any time after they have appealed to DMH/DD/SAS. A total of 17 Medicaid recipients petitioned OAH from January to June 2004. Only 2 out of the 17 people who petitioned OAH were asking OAH to review a DMH/DD/SA hearing decision. The 2 appeals to OAH represent only 2% of the total 88 appeals filed through the DMH/DD/SAS appeal system during the reporting period.

Table 18 - Office of Administrative Hearing Decisions (January to June 2004)

Appeals Filed	Total	% of Total
CAP-MR/DD Appeals	10	59%
MH/DD/SAS (Regular Medicaid) Appeals	7	41%
Total	17	100%

Figure 13- Office of Administrative Hearing Decisions (January to June 2004)

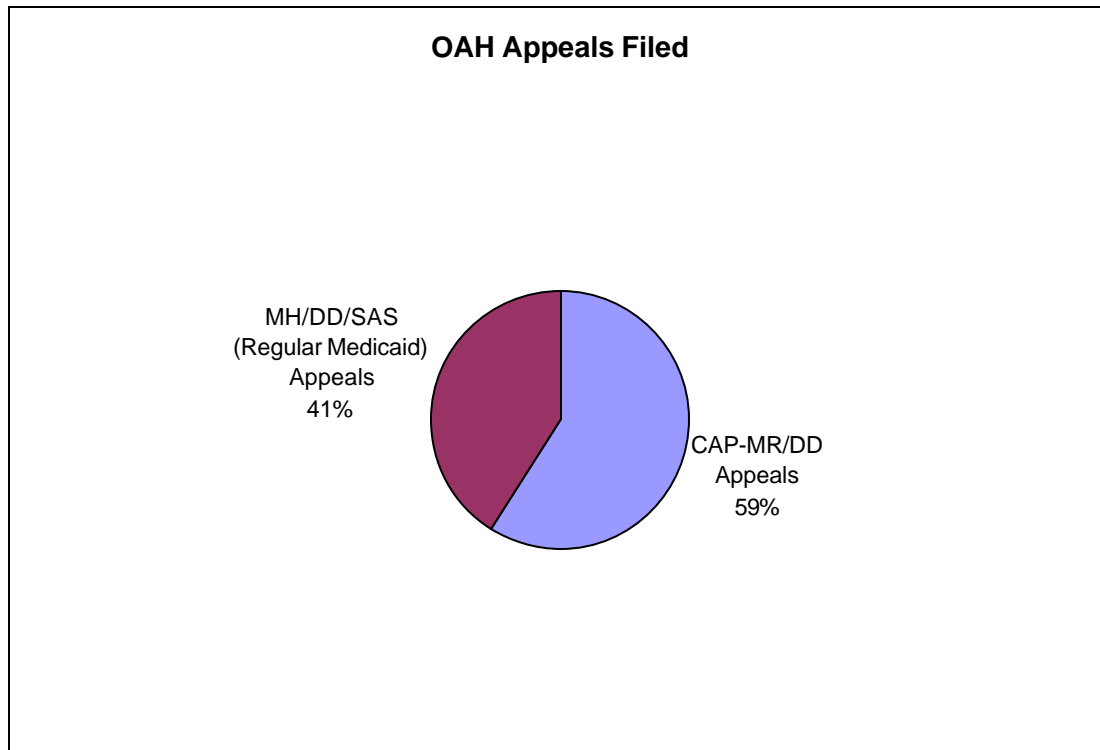
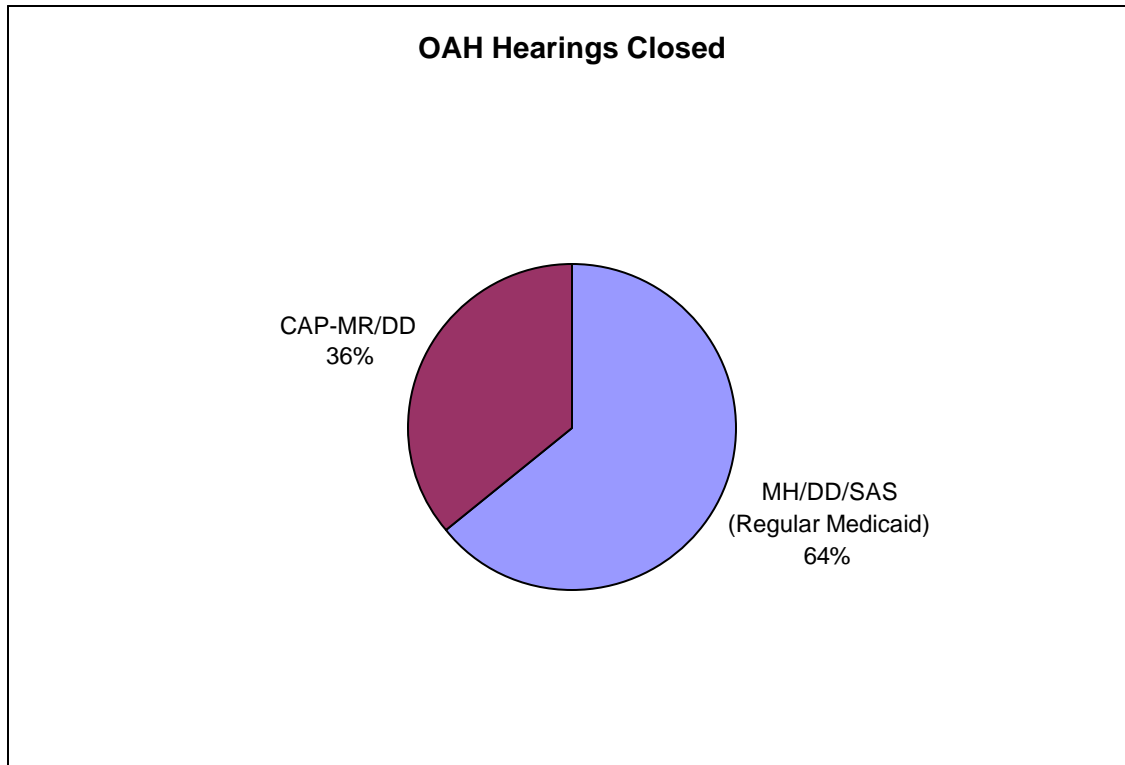


Table 18 and Figure 13 refer to both recipients of the CAP-MR/DD waiver and MH/DD/SAS Medicaid recipients who are not on the waiver. Ten of the 17 appeals (59%) involved CAP-MR/DD recipients, and 7 (41%) appeals involved MH/DD/SAS Medicaid recipients who are not members of the CAP-MR/DD waiver.

Table 19 - Office of Administrative Hearings Closed (January to June 2004)

OAH Cases Completed	Total	% of Total
MH/DD/SAS (Regular Medicaid)	9	64%
CAP-MR/DD	5	36%
Total	14	100%

Figure 14 - Office of Administrative Hearings Closed (January to June 2004)



OAH Petitions: A total of 14 out of the 17 OAH petitions filed were closed from January to June 2004. A total of 10 CAP-MR/DD appeals were filed during this time period, and a total of 5 (36%) CAP-MR/DD appeals were closed. Nine (64%) of the mental health/ developmental disabilities/ substance abuse services appeals were closed during this time period.

Part III: Customer Satisfaction Survey

We surveyed by telephone a random sample of 25 individuals, which was 7% of the total customers who contacted the CSCR Team during the current report period, and asked respondents eight questions associated with customer satisfaction. Respondents were asked to rate the service described in the question as (1) Low (“unsatisfactory”), (2) Medium (“satisfactory”) or (3) High (“very satisfactory”).

Question 1: “Was it difficult to contact our office by whatever means you used?”

<u>Rating</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Total</u>
Number	3	4	18	25
Percentage	12%	16%	72%	100%
Question 1 Average Score				2.6

Question 2: “Were you satisfied that the person addressing your concern was courteous?”

<u>Rating</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Total</u>
Number	0	2	23	25
Percentage	0%	8%	92%	100%
Question 2 Average Score				2.92

Question 3: “Were you satisfied with the information provided?”

<u>Rating</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Total</u>
Number	1	6	18	25
Percentage	4%	24%	72%	100%
Question 3 Average Score				2.6

Question 4: “Did a CSCR Team member tell you someone from our office or an AP/LME staff person would call you back and provide more information?”

<u>Response</u>	<u>Yes</u>	<u>No</u>	<u>Total</u>
Number	21	4	25
Percentage	84%	16%	100

Question 5: “If you were promised a return call, did you receive the call?”

<u>Response</u>	<u>Yes</u>	<u>No</u>	<u>Total</u>
Number	24	1	25
Percentage	96%	4%	100%

Question 6: “If you were told by the CSCR Team that we or an Area Program/LME staff person would call you back, did you receive a timely call?”

<u>Rating</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Total</u>
Number	4	4	12	20
Percentage	20%	20%	60%	100%
Question 6 Average Score				2.5

Question 7: “Were you satisfied with the information provided by the person who called you back?”

<u>Rating</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Total</u>
Number	1	5	14	20
Percentage	5%	25%	70%	100%
Question 7 Average Score				2.5

Question 8: “Overall, were you satisfied with the outcome of the situation after you brought it to our attention?”

<u>Rating</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Total</u>
Number	2	6	15	23
Percentage	9%	26%	65%	100%
Question 8 Average Score				2.6

Responses to Question 1 indicate that while 88% percent of the respondents said that they were satisfied or very satisfied with their ability to contact the CSCR Team (by phone, e-mail, or mail), 12% of the respondents had some problems reaching our office.

The responses to Question 2 indicate that no one was unsatisfied with the level of courtesy displayed by the team. This question received the highest average satisfaction rating in the survey (2.92 out of 3).

The responses to Question 3 show that the vast majority of respondents were satisfied (24%) or very satisfied (72%) with the content of the information provided. Only one respondent out of 25 (4%) was unsatisfied with the content of the information.

Question 4 illustrates that most of the questions posed to the CSCR Team required further research and facilitation either by the CSCR Team or by other parties, especially the Area Program/LME customer services representatives. Accordingly, respondents were told that someone would call them back with more information in 21 out 25 cases (84%).

Question 5 indicates that 24 out of 25 (96%) respondents received a call when one was promised. The return calls came either from the CSCR Team or from customer services staff in one of the APs/LMEs.

Question 6 shows that the return calls were not timely in 4 cases out of 20 (20%) to whom this question applied while 4 respondents (20%) were satisfied and 12 (60%) were very satisfied.

In responses to Question 7, only one person out of 20 stated that the return caller provided unsatisfactory information and the remaining 19 respondents stated that the information provided in the returned call was either satisfactory (25%) or very satisfactory (70%).

Responses to Question 8 indicate that 21 out of 23 respondents to this question stated that they were either satisfied (26%) or very satisfied (65%) with the overall customer service they received by all professionals (state and local) who responded to their concern after it was posed to the CSCR Team. Two people out of 23 (9%) stated that they were unsatisfied with the outcome of their concern. It is difficult to distinguish in this survey whether these two people's responses are based on the results of their concern or their opinions of the customer service provided at the state or local levels.